

**EXHIBIT D –
REDACTED VERSION**

Romi Paek

From: Chow Linda [LChow@schools.nyc.gov]
Sent: Tuesday, July 27, 2010 12:59 PM
To: Romi Paek
Cc: rshore@advocatesforchildren.org
Subject: Car Service Transportation Payment Processing - Decision Order Case# REDACTED
Attachments: image001.gif; image002.gif; image003.gif; image004.gif; image005.png; image008.jpg; NewParenSS#Form.pdf

Hi Romi -

Pursuant to the decision order issued on 07/23/2010, please submit the parent's direct reimbursement social security number form (a blank one attached above for use) and attendance records for attending tutoring service at Lindamood Bell for the period from 07/01/2010 to 08/18/2010 as indicated in the order. The actual # of attended days will be calculated and for each attended day will be processed to reimburse the parent at \$60 per day.

Please also be advised that our office has sent out the following letter to the parent requesting documentation/information be submitted to our office for implementation.

Thank you.



Department of
Education

Impartial Hearing Office
131 Livingston Street Rm. 201
Brooklyn, New York 11201

Date : 07/27/2010
Case Number : REDACTED
Child's Name :

REDACTED

Decision Date : 07/23/2010

Dear Parent :

Per the decision dated above, the DOE was ordered to reimburse you or directly pay for services rendered. However, documentation submitted at the Impartial Hearing was insufficient for the DOE to process your payment. Please review the item(s) below and forward to the Impartial Hearing Office all of the missing documentation, so that the payment can be processed:

Signed tuition/services contract between school/provider and parent indicating cost and enrollment period.
Invoice for tuition/services/device on school/provider letterhead detailing services provided (e.g., # sessions,

duration of session, rate and date(s) of service).

Affidavit from school/provider indicating cost, payment and enrollment period.

Transportation receipts or daily mileage log(s).

Copies of any of the following proofs of payment:

1. Cancelled check(s) both sides – payable to school/provider.
2. Credit card statements – clearly detailing provider and amount paid.
3. Bank statements (paper or on-line) – clearly indicating provider and amount paid.

Completed Direct Reimbursement Social Security Number form.

Name of vendor and/or hourly rate :

Completed provider W-9 form. (Please provide the enclosed W-9 form to your provider, and ask the provider to return the completed form to the Impartial Hearing Office at the below address)

Other : Tutoring attendance record from Lindamood Bell for the period from 07/01/2010 to 08/18/2010.

For reimbursement cases, if payment was made by cash or money order, please fill out the Parent Affidavit of Cash or Money Order Payment (see attached) and send the original to the address listed below. You may send copies of all other documents to the office indicated below.

Impartial Hearing Office
131 Livingston Street, Room 201
Brooklyn, NY 11201
Attn: Reimbursement Documentation
Fax Number: 718-935-2528

For ongoing cases, PROVIDERS must submit monthly invoices and proof of services to :

Bureau of Non Public School Payables (BNPSP)
65 Court Street, 15th floor
Brooklyn, New York 11201

Please note that faxes are not accepted unless previously agreed to between the parties and BNPSP.

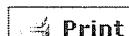
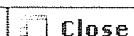
Please make sure that ALL documentation submitted includes the Impartial Hearing Office CASE NUMBER. You will only be paid up to the amount equal to the proof submitted; therefore, please make sure you submit all the paperwork needed to cover the amount for which you are seeking payment.

If you have any questions or have already submitted the documentation requested, please call 718-935-4798

Thank you

Impartial Hearing Office

Copy To : Rebecca Shore

 Print  Close

Letter Generated By LChow on 07/27/2010

**Please Wait.....

Linda Chow

Impartial Hearing Office
131 Livingston Street, Rm 201
Brooklyn, NY 11201
Phone (718) 935-3412
Fax (718) 935-2932
email LChow@schools.nyc.gov